

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 512791 FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		1		1			54						
5		2		1			55						
6		2		1			56						
7		2		1			57						
8	1		1				58						
9		1		1			59						
10		2		2			60						
11		2		2			61						
12		2		2			62						
13		1		1			63						
14				1			64						
15				1			65						
16							66						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		4				TOTAL IND.						
TOTAL DEP.	18		12				TOTAL DEP.						
TOTAL CLAIMS	20		16				TOTAL CLAIMS						